



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
COMMISSION ON HUMAN RIGHTS

**CHARGE OF DISCRIMINATION**

Enter Charge Number

☐ FEPA

☐ EEOC

*This form is affected by the Privacy Act of 1974; see Privacy Act Statement before completing this form.*

**Missouri Commission on Human Rights and EEOC**

Name (Indicate Mr., Ms., or Mrs.)		Date of Birth	Home Telephone No. (Include Area Code)
Street Address		City, State and Zip Code	County

**Named below is the Employer, Labor Organization, Employment Agency, Apprenticeship, Committee, State or Local Government Agency who discriminated against me (if more than one list below).**

Name	No. of Employees/Members	Telephone No. (Include Area Code)
Street Address		City, State and Zip Code
Name	No. of Employees/Members	Telephone No. (Include Area Code)
Street Address		City, State and Zip Code

Cause of Discrimination based on (Check appropriate box(es))

- |                                          |                                      |                                          |
|------------------------------------------|--------------------------------------|------------------------------------------|
| <input type="checkbox"/> Race            | <input type="checkbox"/> Color       | <input type="checkbox"/> Sex             |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Religion    | <input type="checkbox"/> Age             |
| <input type="checkbox"/> Disability      | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Other (Specify) |

Date Discrimination took Place  
(Month, Day, Year)

☐ Continuing Action

The Particulars Are (If additional space is needed, attach extra sheet(s)):

☒ I want this charge filed with both the EEOC and the Missouri Commission on Human Rights. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the foregoing is true and correct.

X \_\_\_\_\_  
Charging Party (Signature) Date

**NOTARY** – (When necessary to meet State and Local Requirements)

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

X \_\_\_\_\_  
Signature of Complainant

Subscribed and sworn to before me this date (Day, month and Year)

☒ I want this charge filed with both the EEOC and the Missouri Commission on Human Rights. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

**NOTARY** – *(When necessary to meet State and Local Requirements)*

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

I declare under penalty of perjury that the foregoing is true and correct.

X \_\_\_\_\_  
Charging Party (Signature) Date

X \_\_\_\_\_  
Signature of Complainant

Subscribed and sworn to before me this date *(Day, month and Year)*